

All About: \_\_\_\_\_

Child's name

Child's name \_\_\_\_\_

Birthdate \_\_\_\_\_

Things my child does well:

What my child likes/dislikes:

Things I am working on with my child:

My child enjoys these physical activities:

My child has difficulty with these activities:

My child will need help with the following equipment and/or routines:

Any special adaptations that need to be identified:

Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_